HEALTHCARE POLICY & BENEFIT SERVICES DIVISION

ENROLLMENT FORM
RETIREE HEALTH FUND
FOR EMPLOYEES FIRST HIRED ON OR AFTER 7/1/2017

SUBMIT COMPLETED FORM TO YOUR AGENCY HUMAN RESOURCES/ PAYROLL OFFICE

CO-1300B (10/2017)

EMPLOYEE INFORMATION	Last Name	First Name, Middle Initial	Employee Number
	Street Address		Job Record Number
	City, State, Zip Code		Social Security Number
	Is Employee healthcare-eligible? ☐ Yes ☐ No	Agency Dept. ID	Date of Hire
DEDUCTION	☐ OPE15 - 3% of compensation ☐ OTR15 - TRS members 1.75% of compensation	**Pay Period Start Date** (Month/Date/Year) ___ / ___ / _____ **Employer Share:** ☐ OPER 3% ☐ OTER 1.75% **Start Date:** ___ / ___ / _____	

EMPLOYEE ACKNOWLEDGEMENT: I understand that completion of this form is for the purpose of monitoring my obligation to contribute to the Retiree Health Fund for a total of 15 years or until I retire, whichever comes first.

Employee Signature	Date

EXEMPTION

Is Exemption Claimed? ☐ Yes ☐ No **If yes, identify reason below**

☐ Exempt employee: ☐ Adjunct Faculty ☐ Not Healthcare-Eligible

☐ Not eligible for Retirement Plan participation

☐ Other retiree coverage - Attach signed Affidavit (CO-1303) and Waiver (CO-1304)

Authorized Agency Signature	Title	Date
Agency Contact (Print Name)	Agency Contact Telephone	Agency Contact Email

CO-1300

Return to OSC, Employee Benefits Unit, Healthcare Policy & Benefit Services Division, 55 Elm Street, Hartford, CT 06106.